

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

00000000 2003 APR 25

2 Total pages this report:

A 10: 33/11

3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Mr. Enrique		OFFICE USE ONLY Date Received	
	NICKNAME LAST SUFFIX Barrera			
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 761555 San Antonio TX 78245			
	Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mrs. Leticia		Receipt # Amount	
	NICKNAME LAST SUFFIX Wedgeworth		Date Processed	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5300 Forest Village San Antonio TX 78250			
	Date Imaged			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 432-2431			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03/27/0003 04/23/0003			
10 ELECTION	ELECTION DATE Month Day Year 05/03/0003		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Other -- City Council 6		12 OFFICE SOUGHT (if known) Other -- City Council 6	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..			
	Name			
	Address/PO Box; Apt. / Suite #; City; State; Zip Code			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

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FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

2003 APR 25 A 10:33

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4250.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

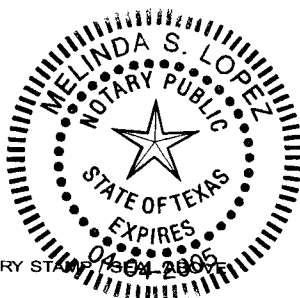
\$ 5783.10

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Enrique M. Barrera, this the 25th day of April, 20 03, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR 25 A 10:33

Total pages this report:

3/11

2 FILER NAME Mr. Enrique Barrera		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 04/12/0003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bank One Corporation PAC 6 Contributor address; City; State; Zip Code Bank One Plaza Chicago IL 60670	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/14/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Cary Barton Contributor address; City; State; Zip Code 700 North Saint Mary's Street, Suite 1825 San Antonio TX 78205	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/02/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Charles Cromer Contributor address; City; State; Zip Code 6538 Buena Vista San Antonio TX 78227	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/18/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PAC DSABC Contributor address; City; State; Zip Code 909 Broadway San Antonio TX 78215	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/12/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) De Zavala 31 Joint Venture Leo Perron Jr Contributor address; City; State; Zip Code 3707 North Saint Mary's Street San Antonio TX 78212	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

(FOR FORMS C/OH & SPAC)

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1 Total pages this report:

2003 APR 25 A 10:33

2 FILER NAME

Mr. Enrique Barrera

3 ACCOUNT # (Ethics Commission filers)

00000000

4 Date

04/14/0003

5 Full name of contributor ☐ out-of-state PAC(ID#)

Mr. & Mrs. Walter Embrey

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
1100 Northeast Loop 410, Suite 900

San Antonio TX 78209

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04/15/0003

Full name of contributor ☐ out-of-state PAC(ID#)

Fred & Rosie Martinez

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2320 SW 36th

San Antonio TX

78237

Principal occupation (Optional)

Employer (Optional)

Date

04/08/0003

Full name of contributor ☐ out-of-state PAC(ID#)

Fulbright & Jaworski LLP

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1301 McKinney, Suite 5100

Houston TX 77010

Principal occupation (Optional)

Employer (Optional)

Date

04/15/0003

Full name of contributor ☐ out-of-state PAC(ID#)

Mr. Wayne Harwell

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
P.O. Box 17065

San Antonio TX 78217

Principal occupation (Optional)

Employer (Optional)

Date

04/22/0003

Full name of contributor ☐ out-of-state PAC(ID#)

Mr. & Mrs. Peter Holt

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2191 Little Blanco Road

Blanco TX 78606

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

 RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:

7003 APR 25

A 10: 34 5/11

2 FILER NAME

Mr. Enrique Barrera

3 ACCOUNT # (Ethics Commission filers)

00000000

4 Date

04/16/0003

5 Full name of contributor ☐ out-of-state PAC(ID# _____)

Mr. Rolando Pablos

6 Contributor address; City; State; Zip Code

P.O. Box 780603

San Antonio TX 78278

7 Amount of
contribution (\$)

250.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04/22/0003

Full name of contributor ☐ out-of-state PAC(ID# _____)

San Antonio Realtors PAC

Contributor address; City; State; Zip Code

9110 IH 10 West

San Antonio TX 78230

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/17/0003

Full name of contributor ☐ out-of-state PAC(ID# _____)

Mr. & Mrs. Frank Wing

Contributor address; City; State; Zip Code

222 Laclede

San Antonio TX 78214

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

4/3/03

Ruth + Dick Bird

7450 Meadow Breeze

San Antonio, TX 78227

50.00

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR 25

1A-10-34
Total page report:
6/11

2 FILER NAME Mr. Enrique Barrera		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 03/27/0003	5 Payee name CPS 6 Payee address; City; State; Zip Code 401 Villita San Antonio TX 78205		7 Amount (\$) 122.19
8 Purpose of expenditure (See instructions regarding type of information required.) Utilities		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held .	
Date 04/14/0003	Payee name CPS Payee address; City; State; Zip Code 401 Villita San Antonio TX 78205		Amount (\$) 31.23
Purpose of expenditure (See instructions regarding type of information required.) Utilities		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 03/27/0003	Payee name Cheron Payee address; City; State; Zip Code 10711 Huebner Road San Antonio TX 78240		Amount (\$) 27.00
Purpose of expenditure (See instructions regarding type of information required.) Gas for Blockwalkers		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 03/29/0003	Payee name El Mirador Payee address; City; State; Zip Code 722 South Saint Mary's Street San Antonio TX 78205		Amount (\$) 29.58
Purpose of expenditure (See instructions regarding type of information required.) Food for Blockwalkers		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR 25

1 Total pages report:

A 10/34

2 FILER NAME

Mr. Enrique Barrera

3 ACCOUNT # (Ethics Commission filers)

00000000

4 Date

03/29/0003

5 Payee name

El Mirador

7 Amount

(\$)

42.00

6 Payee address; City; State; Zip Code

722 South Saint Mary's Street

San Antonio TX 78205

8 Purpose of expenditure (See instructions regarding type of information required.)

Food For Blockwalkers

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

03/30/0003

Payee name

Great Northwest

Amount

(\$)

160.00

Payee address; City; State; Zip Code

8809 Timberwilde Drive

San Antonio TX 78250

Purpose of expenditure (See instructions regarding type of information required.)

Advertisement

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

03/28/0003

Payee name

HEB

Amount

(\$)

21.00

Payee address; City; State; Zip Code

108 North Rosillo

San Antonio TX 78207

Purpose of expenditure (See instructions regarding type of information required.)

Gas for Blockwalkers

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

03/29/0003

Payee name

HEB

Amount

(\$)

26.75

Payee address; City; State; Zip Code

5801 Bandera

San Antonio TX 78250

Purpose of expenditure (See instructions regarding type of information required.)

Gas For Blockwalkers

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR 25 8/11 A 10:34

Total pages report: 4

2 FILER NAME

Mr. Enrique Barrera

3 ACCOUNT # (Ethics Commission filers)

00000000

4 Date

03/29/0003

5 Payee name

HEB

7 Amount

(\$)

17.00

6 Payee address; City; State; Zip Code

108 North Rosillo

San Antonio TX 78207

8 Purpose of expenditure (See instructions regarding type of information required.)

Gas for Blockwalkers

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/02/0003

Payee name

HEB

Amount

(\$)

20.00

Payee address; City; State; Zip Code

15300 South IH 35

Buda TX 78610

Purpose of expenditure (See instructions regarding type of information required.)

Gas

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/05/0003

Payee name

HEB

Amount

(\$)

20.00

Payee address; City; State; Zip Code

108 North Rosillo

San Antonio TX 78207

Purpose of expenditure (See instructions regarding type of information required.)

Gas for Blockwalkers

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/21/0003

Payee name

HEB

Amount

(\$)

20.50

Payee address; City; State; Zip Code

108 North Rosillo

San Antonio TX 78207

Purpose of expenditure (See instructions regarding type of information required.)

Gas for Blockwalkers

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES

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SCHEDULE F

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2003 APR 25 A

Total pages report:
9/11**2 FILER NAME**

Mr. Enrique Barrera

3 ACCOUNT # (Ethics Commission filers)
00000000**4 Date**

04/10/0003

5 Payee name

Ideas Unlimited

7 Amount(\$)
600.00**6 Payee address; City; State; Zip Code**

2516 Bandera Road

San Antonio TX 78238

8 Purpose of expenditure (See instructions regarding type of information required.)

Signs

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/12/0003

Payee name

Los Dos Hermanos

Amount(\$)
29.17**Payee address; City; State; Zip Code**

727 Cupples Road

San Antonio TX 78237

Purpose of expenditure (See instructions regarding type of information required.)

Food For Workers

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

03/27/0003

Payee name

PC Mailing

Amount(\$)
340.21**Payee address; City; State; Zip Code**

10711 Hilltop Drive

San Antonio TX 78217

Purpose of expenditure (See instructions regarding type of information required.)

Mailing

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

03/27/0003

Payee name

PC Mailing

Amount(\$)
1587.19**Payee address; City; State; Zip Code**

10711 Hilltop Drive

San Antonio TX 78217

Purpose of expenditure (See instructions regarding type of information required.)

Mailing

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES

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2003 APR 25 A 10:34
Total pages report: 10/11

2 FILER NAME

Mr. Enrique Barrera

3 ACCOUNT # (Ethics Commission filers)
00000000**4 Date**

03/30/0003

5 Payee name

Politico

7 Amount(\$)
1000.00**6 Payee address; City; State; Zip Code**

604 East Locust

San Antonio TX 78212

8 Purpose of expenditure (See instructions regarding type of information required.)

Campaign Services

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/10/0003

Payee name

Primetime Newspapers

Amount(\$)
72.25**Payee address; City; State; Zip Code**

17400 Judson Road

San Antonio TX 78247

Purpose of expenditure (See instructions regarding type of information required.)

Advertisement

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/09/0003

Payee name

San Antonio Newspaper

Amount(\$)
368.12**Payee address; City; State; Zip Code**

779 West Mayfield

San Antonio TX 78224

Purpose of expenditure (See instructions regarding type of information required.)

Advertisement

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/19/0003

Payee name

Smoke Pit

Amount(\$)
20.45**Payee address; City; State; Zip Code**

858 FM 78

San Antonio TX 78237

Purpose of expenditure (See instructions regarding type of information required.)

Food For Blockwalkers

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

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1 Total pages report:

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2 FILER NAME

Mr. Enrique Barrera

3 ACCOUNT # (Ethics Commission filers)

00000000

4 Date

04/02/0003

5 Payee name

Southside Reporter

7 Amount

(\$)

72.25

6 Payee address; City; State; Zip Code

2203 South Hackberry

San Antonio TX 78210

8 Purpose of expenditure (See instructions regarding type of information required.)

Advertisement

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/04/0003

Payee name

Uniforms & Services

Amount

(\$)

386.21

Payee address; City; State; Zip Code

4022 McCullough

San Antonio TX 78212

Purpose of expenditure (See instructions regarding type of information required.)

Bags

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

03/28/0003

Payee name

Mrs. Leticia Wedgeworth

Amount

(\$)

510.00

Payee address; City; State; Zip Code

5300 Forest Village

San Antonio TX 78250

Purpose of expenditure (See instructions regarding type of information required.)

Campaign Services

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/09/0003

Payee name

Mrs. Leticia Wedgeworth

Amount

(\$)

260.00

Payee address; City; State; Zip Code

5300 Forest Village

San Antonio TX 78250

Purpose of expenditure (See instructions regarding type of information required.)

Campaign Services

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held